

FORM G
TESTING ACCOMMODATIONS -
BAR ADMISSIONS ADMINISTRATOR VERIFICATION
(Please print or type; must be legible)
(To be completed by official of another bar jurisdiction)

IN RE PETITION OF : _____
(Petitioner's Name)

for testing accommodation is taking the _____ .
(Month, Year and Name of Examination)

I, _____ , as _____ ,
(Name of Administrator) (Title)

state that my position on the staff of the bar admitting authority in _____
(Name of Jurisdiction)

is such that it is my responsibility to administer the program for providing testing accommodations for bar admission applicants with disabilities.

The petitioner, who took the _____ bar examination, ☐ was ☐ was not
(Date)
authorized to receive testing accommodations during this examination as outlined below.

Executed on _____ by _____
(Date) (Signature)

Address: _____

Telephone Number: _____